

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs.

Amy

L.

Stanfield

OFFICE USE ONLY

Date Received

City Clerk

OCT 30 2017

City of San Marcos

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1801

San Marcos, TX

78666

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 965-7366

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms.

Keely

Sonlither

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

CITY;

STATE;

ZIP CODE

133 W. San Antonio St., Suite 100
San Marcos, TX 78666

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 787-0108

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9 / 29 / 17

THROUGH

Month

Day

Year

10 / 28 / 17

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 7 / 17

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Place 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Amy L. Stanfield

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 250.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8765.22

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 217.37

4. TOTAL POLITICAL EXPENDITURES

\$ 8906.56

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

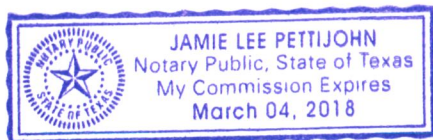
\$ 13,783.08

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Amy L. Stanfield

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Amy Stanfield, this the 30th
day of October, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Amy L. Stanfield

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

- | | |
|---|-------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 8,550.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 215.22 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 3,836.69 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 5,069.87 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Amy L. Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

9/29/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

G. Don Rains

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

819 W. Hopkins Street, San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dennis Lee Smart

Amount of contribution (\$)

\$150.00

Contributor address;

City; State; Zip Code

2255 Summit Ridge Dr., San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert W. McDonald

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

9811 SH-35, Bldg 3, Ste 100, Austin, TX 78744

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ronald O. Wilson

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

P.O. Box 272 San Marcos, TX 78667

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Amy L. Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

10/11/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

Charles D. Nash, Jr.

6 Contributor address;

City; State; Zip Code

P.O. Box 1007

San Marcos, TX 78667

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/11/17

Full name of contributor

☐ out-of-state PAC (ID#)

Midnight Matador Properties, LLC

Contributor address;

City; State; Zip Code

102 Wonder World Dr. Ste 304-215

San Marcos, TX 78666

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/17

Full name of contributor

☐ out-of-state PAC (ID#)

Lucy Dietz

Contributor address;

City; State; Zip Code

1215 W. San Antonio St.

San Marcos, TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/17

Full name of contributor

☐ out-of-state PAC (ID#)

K & M Carswell

Contributor address;

City; State; Zip Code

132 Country Lane

Maxwell, TX 78656

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Amy L. Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/17

5 Full name of contributor

John R. Schott

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

939 Willow Creek Circle San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/17

Full name of contributor

SMPFFA-PAC Local - 3963

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,500.00

Contributor address;

City; State; Zip Code

P.O. Box 75 San Marcos, TX 78667

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/17

Full name of contributor

San Marcos Police Officers Association PAC

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1000.00

Contributor address;

City; State; Zip Code

2300 IH 35S San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/17

Full name of contributor

Becca Dickey

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

700 Hugo Road San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4

2 FILER NAME

Amy L. Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

10/20/17

5 Full name of contributor

David Chui

☐ out-of-state PAC (ID#)

6 Contributor address;

City; State; Zip Code

2550 Hunter Rd

San Marcos, TX 78666

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/23/17

Full name of contributor

Tom V. Anderson

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

2276 Summit Ridge Dr.

San Marcos, TX 78666

Amount of contribution (\$)

\$2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/25/17

Full name of contributor

HBA Home PAC

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

8140 Exchange Drive

Austin, TX 78754

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1

2 FILER NAME

Amy L. Stanfield

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ —

5 Date

10/23/17

6 Full name of contributor ☐ out-of-state PAC (ID#:

Gumby's Pizza

7 Contributor address; City; State; Zip Code

403 N. Guadalupe St. San Marcos, TX 78666

8 Amount of Contribution \$

215.22

9 In-kind contribution description

Food

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4****EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: **2** **2** FILER NAME **3** Filer ID (Ethics Commission Filers)

Amy L. Stanfield

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 202.36

5 Date
10/25/17**6** Payee name
Paragon Printing & Mailing**7** Amount (\$)
\$924.95**8** Payee address; City; State; Zip Code
10423 McKalla Place, Austin, TX 78758**9** TYPE OF EXPENDITURE☒ Political☐ Non-Political**10** PURPOSE OF EXPENDITURE**(a)** Category (See Categories listed at the top of this schedule)

Advertising expense

(b) Description☐ Check if travel outside of Texas. Complete Schedule T.☐ Check if Austin, TX, officeholder living expense**11** Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Amy L. Stanfield City Council Place 3

Date
10/26/17Payee name
Paragon Printing & MailingAmount (\$)
\$884.65Payee address; City; State; Zip Code
10423 McKalla Place, Austin, TX 78758

TYPE OF EXPENDITURE

☒ Political☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Advertising expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.☐ Check if Austin, TX, officeholder living expenseComplete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Amy L. Stanfield City Council Place 3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <div style="text-align: center; font-size: 1.5em;">2</div>	2 FILER NAME <div style="font-size: 1.2em;">Amy L. Stanfield</div>	3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$						
5 Date <div style="font-size: 1.2em;">10/18/17</div>	6 Payee name <div style="font-size: 1.2em;">Paragon Printing & Mailing</div>							
7 Amount (\$) <div style="font-size: 1.2em;">\$1,541.23</div>	8 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">10423 McKalla Place, Austin, TX 78758</div>							
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political							
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising expense</div>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> <tr> <td style="border: none; font-size: 1.2em;">Amy L. Stanfield</td> <td style="border: none; font-size: 1.2em;">City Council</td> <td style="border: none; font-size: 1.2em;">Place 5</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	Amy L. Stanfield	City Council	Place 5
Candidate / Officeholder name	Office sought	Office held						
Amy L. Stanfield	City Council	Place 5						
Date <div style="font-size: 1.2em;">10/19/17</div>	Payee name <div style="font-size: 1.2em;">San Marcos Daily Record</div>							
Amount (\$) <div style="font-size: 1.2em;">\$283.50</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">P.O. Box 1109 San Marcos, TX 78667</div>							
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political							
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Advertising Expense</div>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> <tr> <td style="border: none; font-size: 1.2em;">Amy L. Stanfield</td> <td style="border: none; font-size: 1.2em;">City Council</td> <td style="border: none; font-size: 1.2em;">Place 5</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	Amy L. Stanfield	City Council	Place 5
Candidate / Officeholder name	Office sought	Office held						
Amy L. Stanfield	City Council	Place 5						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME Amy L. Stanfield		3 Filer ID (Ethics Commission Filers)	
4 Date 9/29/17		5 Payee name Citibusiness Card			
6 Amount (\$) 4941.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. Box 9001037 Louisville, KY 40290-1037			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) credit card payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Amy L. Stanfield		Office sought City Council Place 3	
Date 10/10/17		Payee name American Express			
Amount (\$) \$56.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) credit card payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Amy L. Stanfield		Office sought City Council Place 3	
Date 10/11/17		Payee name Citicards			
Amount (\$) \$12.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 78045 Phoenix, AZ 85062-8045			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) credit card payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Amy L. Stanfield		Office sought City Council Place 3	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center;">2</div>	2 FILER NAME <div style="text-align: center;">Amy L. Stanfield</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">10/26/17</div>	5 Payee name <div style="text-align: center;">Ladybug Eats & Catering</div>	
6 Amount (\$) <div style="text-align: center;">\$60.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="text-align: center;">103 Elm Hill Court San Marcos, TX 78666</div>	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Food/beverage expense</div> </div> <div style="width: 50%;"> (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name <div style="text-align: center;">Amy L. Stanfield</div></div> <div style="width: 50%;">Office sought <div style="text-align: center;">City Council Place 3</div></div> </div>		

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 50%;"> (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 50%;">Office sought</div> </div>	

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 50%;"> (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 50%;">Office sought</div> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED